

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155376		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2011	
NAME OF PROVIDER OR SUPPLIER SHERIDAN REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 803 S HAMILTON STREET SHERIDAN, IN46069			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/30/11</p> <p>Facility Number: 000336 Provider Number: 155376 AIM Number: 100290170</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sheridan Rehabilitation and Healthcare Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type III (211) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility has a capacity of 80</p>			K0000	<p>Preparation or execution of this plan of Correction does not constitute an admission or assent by the provider to the truth, accuracy or veracity of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required under law.</p> <p>By this response, Sheridan Rehabilitation and Healthcare Center acknowledges receipt of the statement of deficiencies and alleges that it is in compliance as of 9/230/08.</p> <p>Sheridan Rehabilitation and Healthcare Center reserves the right to submit documentation to refute any of the stated deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal and/or any other administrative or legal proceeding</p> <p>This plan of correction does not constitute Admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. This plan of correction is prepared solely because it is required by</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0050 SS=C	<p>and had a census of 75 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/05/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 4 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill" documentation with the Maintenance</p>			K0050	<p>Law.</p> <p>K-0501. Our plan of correction which stipulates specific weeks for fire drills and time, will correct the deficient practice. 2. All residents, staff and visitors have the potential to be affected. 3. Quarterly fire drills on the second shift will be held in accordance to the following plan: 1st Quarter November 3rd week 2:30pm 2nd Quarter February 5th week 5:30pm 3rd Quarter May 2nd week 10:00pm 4th Quarter August 1st week</p>		10/30/2011

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K0144 SS=C	<p>Director from 10:50 a.m. to 11:50 a.m. on 09/30/11, second shift fire drills conducted on 11/15/10, 2/16/11, 05/04/11 and 08/16/11 were conducted at, respectively, 5:30 p.m., 5:30 p.m., 4:45 p.m. and 5:00 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>3.1-19(b)</p>				<p>7:30pmThe day of the week is at the discretion of the Maintenance Director.Following the Drills a copy will be give to the Safety Director.4. The Maintenance Director is resposible and the QI/QA Safety committee will monitor.Completion date: 10/30/11</p>		
	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure the reliable source documentation for the off site fuel source for 1 of 1 emergency generators included a statement of reasonable reliability of the natural gas delivery, the history and probability of an interruption of service and was signed by a person with the technical expertise to make the reliable source claim. NFPA 110 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the</p>			K0144	<p>F-01441. Our plan of correction will correct the deficient practice.2. All residents, staff and visitors have the potential to be affected.3. A letter dated October was faxed from Vectren Energy Deliveryand received on October 5th. The letter was faxed to ISDH, which shows all 5 components of of reasonable reliability of the natural gas delivery to the generator.4. As updated Life Safety training courses become available; the maintenance director will attend.5. Maintenance Director Responsible/Administrator to monitor.</p>		10/03/2011

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	<p>emergency power supply (EPS):</p> <p>a) Liquid Petroleum products at atmospheric pressure</p> <p>b) Liquefied petroleum gas (liquid or vapor withdrawal)</p> <p>c) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of offsite fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on-site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. This deficient practice could affect all residents, staff and visitors.</p> <p>CMS (Centers for Medicare/Medicaid Services) requires a letter of reliability from the natural gas vendor regarding the fuel supply that must contain the following:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of 						

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	<p>interruption,</p> <p>5. The signature of a technical person from the natural gas provider. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Vectren's natural gas supplier letter dated 08/12/09 with the Maintenance Director during record review from 10:50 a.m. to 11:50 a.m. on 09/30/11, the natural gas provider letter was signed by "Vectren Energy Delivery" and did not include a statement of reasonable reliability of the natural gas delivery and the history and probability of an interruption of service. Based on interview at the time of record review, the Maintenance Director stated the fuel source for the emergency generator was natural gas and acknowledged the natural gas provider letter did not include a statement of reasonable reliability of the natural gas delivery, the history and probability of an interruption of service and was not signed by a person with the technical expertise to make the reliable source claim.</p> <p>3.1-19(b)</p>						